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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RADON	ARKOTI on Serial No	
Applicati	on Serial No	
Filing Date		
Inventorship		
Examiner		
Applicant		
Attorney's Docket NoMS1-1003US		
Title: Information Exchange Between Non-Networked Devices Through and Intermediary Device Via A		
	Piconet	
TRANSMITTAL LETTER AND CERTIFICATE OF MAILING		
То:	The Commissioner of Patents & Trademarks	
10.	Washington, D.C. 20231	
_	D 11 X D G 1 - (T-1 500 224 025), F-11 500 222 9070	
From:	Bradley K. DeSandro (Tel. 509-324-9256; Fax 509-323-8979 Customer No. 22801	) 22801  PATENT TRADEMARK OFFICE
The following enumerated items accompany this transmittal letter and are being submitted for the matter identified in the above caption.		
<ol> <li>Transmittal letter including Certificate of Mailing</li> <li>Power of Attorney and Revocation of Previous Power of Attorney</li> <li>Statement Under 37 CFR 3.73(b)</li> <li>Copy of Assignment</li> <li>Change of Correspondence Address</li> <li>Return Post Card</li> </ol>		
	Large Entity Status [x] Small Entity Status []	, , , , , , , , , , , , , , , , , , ,
Applicant hereby requests an extension of time in any case such an extension is necessary. The fee should be charged to the Deposit Account indicated below.		
The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 in connection with any patent application filing fees under 37 CFR 1.16, and any processing fees, including any necessary extension fees under 37 CFR 1.17.		
	Date: 9-13-01 By: K	Am Khower
		Gradley K. DeSandro
Reg. No. 34,521		
CERTIFICATE OF MAILING		
I hereby certify that the items listed above as enclosed are being deposited with the U.S. Postal		
Service as either first class mail, or Express Mail if the blank for Express Mail No. is completed below, in		
an envelope addressed to The Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the		

below-indicated date. Any Express Mail No. has also been marked on the listed items.

Express Mail N . (if applicable) \_